

Law Office of
Stephen E. Penner
1215 De La Vina Street, Suite K
Santa Barbara, California 93101

(805) 965-0085 Telephone
(805) 963-3156 Facsimile

RECEIVED

JUL 17 2008
8:35pm
CITY CLERK'S OFFICE
SANTA BARBARA, CA

July 16, 2008

Honorable Mayor Marty Blum
City Council Members
735 Anacapa Street
Santa Barbara, California 93102

Appeal of Julio Maganda

RE: Julio Maganda
Taxi Cab Driver Permit Denial

Dear Honorable Mayor Blum and Members of the City Council:

Please be advised that I represent Julio Maganda in regards to the July 8, 2008 letter to him officially notifying my Client that at the regular meeting of June 26, 2008, the City of Santa Barbara Fire and Police Commission unanimously voted to uphold the Police Department's decision to deny my client a renewal of his Taxi Cab Driver Permit. Enclosed herein please find Exhibit "1", a copy of said letter dated 7/8/08 to my client suspending his taxi cab licence effective May 31, 2008. Pursuant to Santa Barbara Municipal Code § 1.30.050, Julio Maganda herein appeals from the decision of the Commission to the City Council by delivering in writing the within letter of appeal to the City Clerk's Office located at the address above.

Mr. Maganda is a 32 year old divorced man supporting a nine (9) year old son who lives with Mr. Maganda's estranged wife, Blanca Real. Enclosed herein please find Exhibit "2", the Abstract Of Support Judgement issued November 22, 2004 against Julio Maganda by the Department Of Child Support Services for the County of Santa Barbara reflecting a judgement recorded against my client. Also enclosed with Exhibit "2" attached hereto is the Order/Notice To Withhold Income For Child Support directed against Mr. Maganda's employer, Mardes Inc., reflecting current child support payments of \$286 per month plus arrearages of \$71.50 per month for total monthly payments of \$357.50.

Honorable Mayor Marti Blume
July 16, 2008
Page 2 of 2

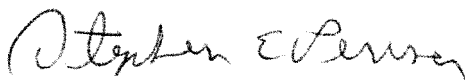
Also enclosed, and attached hereto as Exhibit "3", please find from HSBC Mortgage Corporation a monthly mortgage statement reflecting the fact that Mr. Maganda is responsible for a mortgage payment of \$1,108.33 per month "with a delinquent payment due last month showing a total amount due of \$3,435.83". Mr. Maganda has not been able to bring his mortgage payment current because losing his local license as a taxi cab driver. Also included with Exhibit "3" is a statement from LLS Litton Loan Servicing indicating that there is an additional mortgage payment owed in the amount of \$3,888.75 as of June 13, 2008.

I have also included herein an Income & Expense Declaration for Julio Maganda reflecting his monthly income and monthly expenses showing his current financial situation. Mr. Maganda lives in a 3 bedroom/2 bath house at 10042 Brazos Court, Ventura, California. Mr. Maganda lives in that residence with his mother and two brothers. Between the four of them, they struggle to financially make ends meet. As you can see from the enclosed Income & Expense Declaration, Mr. Maganda is a single father supporting one child of a divorce while all the time trying to make ends meet. Should he lose his ability to operate as a taxi cab driver in the City of Santa Barbara, this would gradually diminish Mr. Maganda's financial abilities and put him into dire financial straits.

Julio Maganda acknowledges that he has had too many moving violations over the last three years. However, he still retains a valid California Drivers License and has taken steps to more carefully guard his driving habits. None of the traffic tickets received by Mr. Maganda were issued while he was transporting a costumer in his taxi cab.

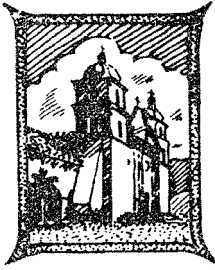
Mr. Maganda at this time respectfully requests from the City Council that he be placed on a appropriate probationary period during which time should he so much as receive a parking ticket, his taxi cab driver permit would be immediately revoked by the City of Santa Barbara. Please consider this request of my client at this time. In the event you would like to see this matter for a hearing please do so at your convenience. Thank you for your attention to matters herein.

Best regards,



STEPHEN E. PENNER

SEP:fc
Enclosure



Fire and Police Commission

City of Santa Barbara

July 8, 2008

215 EAST FIGUEROA
MAIL: P.O. BOX 539
SANTA BARBARA
93102

Julio Maganda
10042 Brazos Ct,
Ventura, CA 93004

RE: Taxicab Driver Permit Denial

Dear Mr. Maganda

This letter is to officially notify you that at their regular meeting of June 26, 2008, the City of Santa Barbara Fire & Police Commission unanimously voted to uphold the Police Department's decision to deny the renewal of your taxicab driver permit.

Pursuant to Santa Barbara Municipal Code §1.30.050 (copy attached), if you wish to appeal the decision of the Commission to the City Council, you have ten (10) days from the receipt of this letter to file such appeal, in writing, with the City Clerk's Office.

FIRE & POLICE COMMISSION

Barbara Sansone
Secretary to the Commission

Cam Sanchez
Chief of Police

Attachment: MC Section 5.29.250
MC Section 1.30.050

cc: Tax & Permit Office
City Attorney
Police Special Investigations
Fire & Police Commissioners

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: BECKY B. LANGE CHILD SUPPORT ATTORNEY, SUPERVISING DEPARTMENT OF CHILD SUPPORT SERVICES 4 EAST CARRILLO ST SANTA BARBARA, CA 93101-2707		003895 BATCH	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (800) 818-1386 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD		COUNTY: 56	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: 1100 ANACAPA STREET MAILING ADDRESS: 1100 ANACAPA STREET CITY AND ZIP CODE: SANTA BARBARA, CA 93121-1107 BRANCH NAME: ANACAPA DIVISION			
PETITIONER/PLAINTIFF: BLANCA REAL <i>County of SB</i> RESPONDENT/DEFENDANT: JULIO A MAGANDA AKA: JULIO M. AYALA OTHER PARENT: <i>Blanca Real</i>			
ABSTRACT OF SUPPORT JUDGMENT		CASE NUMBER: 231795	

1. The ☐ judgment creditor ☒ assignee of record applies for an abstract of a support judgment and represents the following:

a. Judgment debtor's

Name and last known address

JULIO A MAGANDA AKA: JULIO M. AYALA
 10042 BRAZOS CT.
 VENTURA, CA 93004

b. Driver's license No. and state:

c. Social security number:

617-27-3705

d. Birth date:

03/06/1976

☒ unknown

☐ unknown

☐ unknown

Date: 11-19-2004

BY DUANE P. LIVINGSTON

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.

3. Judgment creditor (name):

COUNTY OF SANTA BARBARA

DEPARTMENT OF CHILD SUPPORT SERVICES

whose address appears on this form above the court's name.

4. ☒ The support is ordered to be paid to the following county officer (name and address):

COUNTY OF SANTA BARBARA

DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. BOX 697

SANTA BARBARA, CA 93101-2707

5. Judgment debtor (full name as it appears in judgment):
 JULIO A. MAGANDA AKA: JULIO M. AYALA

6. a. A judgment was entered on (date): 07-18-2000

b. Renewal was entered on (date):

c. Renewal was entered on (date):

7. ☐ An execution lien is endorsed on the judgment as follows:

a. Amount: \$

b. In favor of (name and address):

8. A stay of enforcement has

a. ☒ not been ordered by the court.

b. ☐ been ordered by the court effective until (date):

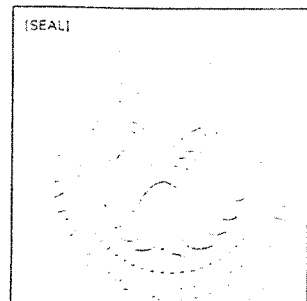
9. ☒ This is an installment judgment.

GARY M. BLAIR

COURT EXECUTIVE OFFICER

Clerk, by *Nancy Spicer*, Deputy

Page 1 of 1



This abstract issued on
 (date): NOV 22 2004

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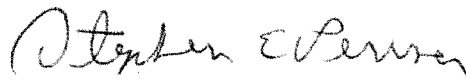
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Best regards,



STEPHEN E. PENNER

SEP:fc
Enclosure



Fire and Police Commission

City of Santa Barbara

215 EAST FIGUEROA
MAIL: P.O. BOX 539
SANTA BARBARA
93102

July 8, 2008

Julio Maganda
10042 Brazos Ct,
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RE: Taxicab Driver Permit Denial

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FIRE & POLICE COMMISSION

Barbara Sansone
Secretary to the Commission

Cam Sanchez
Chief of Police

Attachment: MC Section 5.29.250
MC Section 1.30.050

cc: Tax & Permit Office
City Attorney
Police Special Investigations
Fire & Police Commissioners

<p><input checked="" type="checkbox"/> ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Recording requested by and return to: BECKY B. LANGE CHILD SUPPORT ATTORNEY, SUPERVISING DEPARTMENT OF CHILD SUPPORT SERVICES 4 EAST CARRILLO ST SANTA BARBARA, CA 93101-2707</p> <p>TELEPHONE NO.: (800) 818-1386</p> <p><input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD</p> <p>COUNTY: 56</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: 1100 ANACAPA STREET MAILING ADDRESS: 1100 ANACAPA STREET CITY AND ZIP CODE: SANTA BARBARA, CA 93121-1107 BRANCH NAME: ANACAPA DIVISION</p> <p>PETITIONER/PLAINTIFF: <u>BLANCA REAL County of SB</u> RESPONDENT/DEFENDANT: <u>JULIO A MAGANDA AKA: JULIO M. AYALA</u> OTHER PARENT: <u>Blanca Real</u></p>	<p>0033895 BATCH</p> <p>FOR RECORDER'S USE ONLY</p>
ABSTRACT OF SUPPORT JUDGMENT	
CASE NUMBER: 231795	

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Name and last known address

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10042 BRAZOS CT.
VENTURA, CA 93004

b. Driver's license No. and state:

c. Social security number:

617-27-3705

d. Birth date:

03/06/1976

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Date: 11-19-2004

BY DUANE P. LIVINGSTON

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

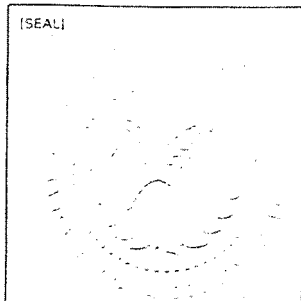
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COUNTY OF SANTA BARBARA
DEPARTMENT OF CHILD SUPPORT SERVICES
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COUNTY OF SANTA BARBARA
DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 697
SANTA BARBARA, CA 93101-2707

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 c. Renewal was entered on (date):

PTY
 ATT
 COD
 ST

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 a. Amount: \$
 b. In favor of (name and address):



This abstract issued on
 (date): **NOV 22 2004**

8. A stay of enforcement has
 a. ☒ not been ordered by the court.
 b. ☐ been ordered by the court effective until (date):
9. ☒ This is an installment judgment.

GARY M. BLAIR
COURT EXECUTIVE OFFICER

Clerk, by Gary M. Blair, Deputy

Page 1 of 1

☒ ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

FL-195
OMB Control No.: 0970-0154

☐ NOTICE OF AN ORDER TO WITHHOLD INCOME FOR CHILD SUPPORT

☐ Original ☒ Amended ☐ Termination Date: 02-03-2006

State/Tribe/Territory CALIFORNIA

City/Co./Dist./Reservation SANTA BARBARA

☐ Non-governmental entity or Individual

Case Number 0033895 Court Number 231795

MARDEAS INC

Employer's/Withholder's Name

224 S MILPAS ST

Employer's/Withholder's Address

SANTA BARBARA, CA 93103-3661

760731510

Employer/Withholder's Federal EIN Number (if known)

RE: MAGANDA, JULIO A

Employee's/Obligor's Name (Last, First, MI)

617-27-3705

Employee's/Obligor's Social Security Number

0000079730

Employee's/Obligor's Case Identifier

REAL, BLANCA

Obligee's Name (Last, First, MI)

ORDER INFORMATION: This document is based on the support or withholding order from CALIFORNIA.

You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ <u>286.00</u>	Per	<u>MONTH</u>	current child support
\$ <u>71.50</u>	Per	<u>MONTH</u>	past-due child support - Arrears greater than 12 weeks? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
\$	Per	<u>MONTH</u>	current cash medical support
\$	Per	<u>MONTH</u>	past-due cash medical support
\$	Per	<u>MONTH</u>	spousal support
\$	Per	<u>MONTH</u>	past-due spousal support
\$	Per	<u>MONTH</u>	other (specify) <u>FAMILY SUPPORT</u>
for a total of \$ <u>357.50</u> Per <u>MONTH</u> to be forwarded to the payee below.			

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ <u>82.50</u> per weekly pay period.	\$ <u>178.75</u> per semimonthly pay period (twice a month).
\$ <u>165.00</u> per biweekly pay period (every two weeks).	\$ <u>357.50</u> per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is California, begin withholding no later than the first pay period occurring TEN (10) days after the date of 02-03-2006. Send payment within SEVEN (7) working days of the pay date/date of withholding. The total withheld amount, including your fee, may not exceed 50% of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not California, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #3 and #9, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

SANTA BARBARA

Make check payable to: DEPARTMENT OF CHILD SUPPORT SERVICES

Case identifier: 0000079730

Send check to:

P.O. BOX 697

SANTA BARBARA, CA 93101-2707

If remitting by EFT/EDI, call _____ before first submission. Use this FIPS code: 06083-00;
Bank routing number: _____; Bank account number: _____

If this is an Order/Notice to Withhold:

Print Name R S. QUINN

Title of Issuing Official CHILD SUPPORT REPRESENTATIVE

Signature and Date _____
A signature is not required on this form if issued by a Child Support Agency pursuant to Family Code section 5246(b).

☒ IV-D Agency ☐ Court

☐ Attorney with authority under state law to issue order/notice.

NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.



ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

- ☒ If checked, you are required to provide a copy of this form to your employee/obligor. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee/obligor even if the box is not checked.

1. **Priority:** Withholding under this Order or Notice has priority over any other legal process under state law (or tribal law, if applicable) against the same income. If there are federal tax levies in effect, please notify the contact person listed below. (See 10 below).
2. **Combining Payments:** You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
3. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
4. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices due to federal, state or tribal withholding limits, you must follow the law of the state or tribal law/procedure of the employee's/obligor's principal place of employment. You must honor all Orders or Notices to the greatest extent possible. (see 9 below.)
5. **Termination Notification:** You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Child Support Enforcement (IV-D) Agency and/or the contact person listed below. (See 10 below.)

THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR:

EMPLOYEE'S/OBLIGOR'S NAME: _____

CASE IDENTIFIER: _____

DATE OF SEPARATION FROM EMPLOYMENT: _____

LAST KNOWN HOME ADDRESS: _____

NEW EMPLOYER/ADDRESS: _____

6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Child Support Enforcement (IV-D) Agency.
7. **Liability:** If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 10. If you fail to withhold income as the Order or Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by state or tribal law or procedure.

8. **Anti-discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.

9. **Withholding Limits:** For state orders, you may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the state of the employee's/obligor's principal place of employment. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions, and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks.
For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the amounts allowed under the law of the state that issued the order.

Child(ren)'s Name(s) and Additional Information:

NOE REAL

09-23-1998

10. If you or your employee/obligor have any questions, contact **DEPARTMENT OF CHILD SUPPORT SERVICES**

by telephone at **(800) 818-1386**by FAX at **(805) 568-2387**

or by internet at _____

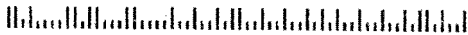


MONTHLY MORTGAGE STATEMENT

TELEPHONE NUMBERS:

Home: 805-284-5341
Work:

JULIO MAGANDA
BRANDY WILLIAMSON
10042 BRAZOS CT
VENTURA CA 93004-2845



PROPERTY ADDRESS: 10042 BRAZOS CT
VENTURA CA 93004

Loan Number:	5855751
Statement Date:	06/16/2008
Due Date:	05/01/2008
Current Principal Balance:	\$105,833.85
Deferred Interest:	\$.00
Current Interest Rate:	11.75000%
Current Escrow Balance:	\$.00
Escrow Overdraft Balance:	\$.00
Unapplied Funds Balance:	\$.00
Current Payment Amount:	\$1,108.33
Delinquent Payments Due:	\$2,216.66
Unpaid Late Charges Due:	\$110.84
Unpaid Other Fees Due:	\$.00
TOTAL AMOUNT DUE:	\$3,435.83
Year to Date Principal Paid:	\$261.24
Year to Date Taxes Paid:	\$.00
Year to Date Interest Paid:	\$4,152.08
<small>* Please refer to Mortgage Interest Statement sent in January for IRS reporting information.</small>	

TRANSACTION ACTIVITY SINCE LAST STATEMENT

Due Date	Description	Total Received	Interest	Principal	Escrow	Late Charges and Other Fees	Other/Optional Products	Unapplied Funds
05-01	05-08 AUTOMATIC PAYMENT	\$1,108.33	\$1,036.29	\$72.04				
05-06	05-08 PAYMENT REVERSAL		\$1,036.29-	\$72.04-				
05-16	05-08 LATE CHARGE ASSESS					\$55.42-		
06-16	05-08 LATE CHARGE ASSESS					\$55.42-		

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

The security instrument you signed gives us the right to inspect the mortgaged property and to take other action to protect the value of the property or our rights in the property. Since your account has become past due, HSBC will order an inspection to determine the condition of the property and will continue to inspect at least every thirty (30) days until the account becomes current. In addition, HSBC will order a property valuation and, if the loan or line of credit is a second mortgage, a title update. The costs associated with obtaining these items will be added to the amount due and will be secured by the property, as provided in your security instrument.

Detach at perforation and return payment coupon with payment.

Please allow sufficient time for mail delivery.

Additional funds will be applied first to unpaid fees and the balance applied as specified.

Send correspondence to:

HSBC Mortgage Corporation (USA)
P.O. Box 4552
Buffalo, New York 14240-4552

Please include your loan number with all correspondence.

0589557513 0000110833 0000116375 9

LOAN NUMBER	REGULAR PAYMENT	TOTAL DUE	DUE ON OR BEFORE	LATE PAYMENT	IF RECEIVED AFTER
5855751	\$1,108.33	\$3,435.83	MAY 01, 2008	\$1,163.75	MAY 16, 2008

JULIO MAGANDA
BRANDY WILLIAMSON



HSBC MORTGAGE CORPORATION (USA)
SUITE 0241
BUFFALO NY 14270-0241



ADDITIONAL PRINCIPAL	
ADDITIONAL ESCROW	
LATE CHARGES/OTHER FEES	
TOTAL	



PAYMENT OPTIONS

Same Day Delivery of Funds (By 3:00 P.M. EST)

Call our Customer Service Representatives at (800) 338-4626 to arrange a payment by phone.

Call MoneyGram Express Payment at (800) 926-9400 for the agent nearest you. Please give the agent our code "1962."

Call Western Union Quick Collect at (800) 238-5772 for the Quick Collect Agent nearest you. Please give the agent our code "PAID NY."

If you are registered for HSBC's internet banking service, you can make your payment on-line. All HSBC internet transactions must be submitted by 8 p.m. Eastern to ensure same day processing. Our website address is www.us.hsbc.com.

Overnight Payment Delivery

HSBC Mortgage Corporation (USA)
One HSBC Center
2 West Wing - Lockbox
Buffalo, NY 14203

Regular Payments

HSBC Mortgage Corporation (USA)
Suite 0241
Buffalo, NY 14270-0241

If your coupon is not available, please send your payment to this address with your loan number on the front of your check or money order.

NOTE: There is a fee for any returned checks.

FREQUENTLY ASKED QUESTIONS

1. Can I have my mortgage payments automatically transferred from my checking account? Yes. Electronic Funds Transfer (EFT) can save you time and money because there are no checks to write, no postage costs, no mail delays and no late charges to worry about! EFT's are accepted as long as your financial institution is affiliated with the National Automated Clearing House Association (NACHA). Please call our Customer Service Department to sign up for EFT payments or sign-up on-line through HSBC's internet banking service.
2. Can I access my mortgage information on the internet? Yes. Visit our website at www.us.hsbc.com. Select internet banking and follow the instructions to sign-up. If you have an HSBC deposit account, you can transfer funds from your deposit account to your HSBC mortgage.
3. What should I do if I know my payment will be late? Please contact our Collections Department at (800) 338-6441 if you know you are unable to send your mortgage payment when it is due. Remember that HSBC is attempting to collect a debt and all information obtained will be used for this purpose. Also, as required by law, you are hereby notified that mortgage delinquencies may be reported to a credit bureau and may affect your ability to obtain other forms of credit. The Department of Housing and Urban Development offers counseling for homeowners whose mortgage loans have become delinquent. This counseling could help you avoid foreclosure, and you are urged to seek it if you are unable to maintain your mortgage payments. To find a home ownership counseling agency near you, please call 1-800-369-4287.
4. What should I do if I receive a real estate tax bill? If you have an escrow account and you receive a regular tax bill directly from your taxing authority, please send your bill immediately to HSBC. It is important that we receive the bill immediately to avoid payment delays and penalties to your account. Please mail the tax bills to: HSBC Mortgage Corporation (USA), Attention - Tax Department, P.O. Box 571858, Murray, UT 84157-1858. Supplemental, Interim and Added Assessment tax bills are not collected in your monthly escrow payment. Payment of these tax bills is your responsibility. If you do not have an escrow account, it is your responsibility to pay all taxes. Failure to pay your real estate taxes is a default under the terms of your mortgage and may result in the establishment of an escrow account.
5. What should I do if I receive an insurance bill? If you have an escrow account and you receive a bill directly from your insurance company, please mail your bill to us immediately at: HSBC Mortgage Corporation (USA), P.O. Box 11021, Orange, CA 92856-8121.
6. Do I need to notify HSBC if I change my homeowner's insurance company? Yes. Please notify us immediately of a change in insurance companies. If you fail to notify us of a change in coverage, we may pay your former insurance company. You must then obtain a refund from your former company, cancel your old policy and instruct HSBC to pay your new insurance company. Please do not cancel your policy until you have obtained new coverage.
7. How do I request a name or address change? Please notify us of any change in your name or mailing address by writing to us at: HSBC Mortgage Corporation (USA), P.O. Box 4552, Buffalo, New York, 14240-4552. For name changes, please provide a copy of one of the following: Marriage Certificate, Divorce Decree, Death Certificate or Court Decree.
8. When I have other questions about my mortgage? Please contact our Customer Service Department at (800) 338-4626. For your convenience, our Automated Response Line is available 24 hours a day, 7 days a week. Our Customer Service Representatives are available Monday through Friday, 7 a.m. to 11 p.m. EST, Saturday and Sunday, 8 a.m. to 5 p.m. EST. If you are registered for HSBC's internet banking, you can also send a secure e-mail through our website.

Customer Service Line:
(800) 338-4626

Collections:
(800) 338-6441

Mortgage Telesales:
(800) 622-7759

Fax Numbers:
Customer Service
(866) 657-6621

Tax Department
(732) 352-7536

Insurance Department
(714) 973-3345

Escrow Analysis Department
(732) 352-7536



4828 Loop Central Drive
Houston, TX 77081
Telephone (800) 247-9727
www.littonloan.com

6/13/2008

Julio Maganda
10042 Brazos Ct
Ventura, CA 930042845

Re: Loan #: 16100679
 Property: 10042 Brazos Ct

Dear Mortgagor(s):

A Temporary Coupon is provided below in place of the monthly Billing Statement. The payment amount is \$3888.75. Payments may be sent to the address below or made online at www.littonloan.com.

Litton Loan Servicing LP
Attention: Cash Management Department
P.O. Box 4387
Houston, TX 77210-4387

Should you have questions, please contact Customer Care at (800) 247-9727, Monday through Friday, from 8 a.m. to 7 p.m. (CST) or visit our website at www.littonloan.com.

Sincerely,

Customer Assistance Response Team

LITTON LOAN SERVICING IS A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT YOUR DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

-----Tear Here-----
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT AND KEEP THE TOP PORTION FOR YOUR RECORDS.

LOAN NUMBER
16100679

CURRENT PAYMENT AMOUNT
3888.75

ADDITIONAL AMOUNT(S) ENCLOSED

TEMPORARY COUPON #1

PRINCIPAL	
ESCROW	
OTHER	
TOTAL ENCLOSED	

LITTON LOAN SERVICING LP
P.O. BOX 4387
HOUSTON, TX 77210-4387

PROOF OF SERVICE -- BY MAIL
[CCP § 1013a, 2015.5]

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA BARBARA)

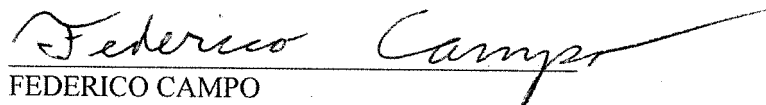
I am employed in the County of Santa Barbara, State of California. I am over the age of 18 and not a party to the within action; my business address is 1215 De La Vina Street, Suite K, Santa Barbara, California 93101.

On July 16, 2008, I served the within **LETTER OF APPEAL OF JULIO MAGANDA DATED 7/16/08** on the interested parties in said action, by hand delivering a true copy thereof enclosed in a sealed envelope, in the United States mail at Santa Barbara, California, addressed as follows:

Fire & Police Commission
City of Santa Barbara
215 East Figueroa Street
PO Box 539
Santa Barbara, California 93101

I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service that same day with postage thereon fully prepaid at Santa Barbara, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if the postal cancellation date is more than one (1) day after the date of deposit for mailing in the affidavit.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct and that this declaration was executed on July 16, 2008, in the County of Santa Barbara, State of California.


FEDERICO CAMPO

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) Stephen E. Penner, Esq. Law Offices of Stephen E. Penner 1215 De La Vina Street Suite K Santa Barbara, CA 93101 TELEPHONE NO: (805) 965-0085 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Julio Maganda	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Barbara STREET ADDRESS 1100 Anacapa Street MAILING ADDRESS: P. O. Box 21107 CITY AND ZIP CODE: Santa Barbara, California 93101 BRANCH NAME: Santa Barbara	
PETITIONER/PLAINTIFF: In re Julio Maganda RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies
of your pay
stubs for last
two months
(black out
social
security
numbers).

- a. Employer: 777 Taxi
 b. Employer's address: 10042 Brazos Court, Ventura, CA 93004
 c. Employer's phone number: (805) 698-7111
 d. Occupation: Taxi Cab Driver
 e. Date job started: August, 2006
 f. If unemployed, date job ended:
 g. I work about on call hours per week.
 h. I get paid \$ 6,800 gross (before taxes) ☒ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): 32
 b. I have completed high school or the equivalent: ☒ Yes ☐ No If no, highest grade completed (specify):
 c. Number of years of college completed (specify): Degree(s) obtained (specify):
 d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
 e. I have: ☒ professional/occupational license(s) (specify): City Taxi Cab License
 vocational training (specify):

3. **Tax information**

- a. ☒ I last filed taxes for tax year (specify year): 2007
 b. My tax filing status is ☒ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name):
 c. I file state tax returns in ☒ California ☐ other (specify state):
 d. I claim the following number of exemptions (including myself) on my taxes (specify): 2

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: July 16, 2008

Julio Maganda

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: In re Julio Maganda	CASE NUMBER
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 0.00	\$6,800
b. Overtime (gross, before taxes)	\$	
c. Commissions or bonuses	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving	\$	
e. Spousal support from this marriage from a different marriage	\$	
f. Partner support from this domestic partnership from a different domestic partnership	\$	
g. Pension/retirement fund payments	\$	
h. Social security retirement (not SSI)	\$	
i. Disability: Social security (not SSI) State disability (SDI) Private insurance	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military BAQ, royalty payments, etc.) (specify):	\$	

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$	
b. Rental property income	\$ 1,000	1,000
c. Trust income	\$	
d. Other (specify):	\$	

7. **Income from self-employment, after business expenses for all businesses**

I am the ☒ owner/sole proprietor ☐ business partner ☐ other (specify):

Number of years in this business (specify): 2 years

Name of business (specify): 777 Taxi

Type of business (specify): Taxi Cab

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☒ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \$1,700
9. ☒ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): My income has diminished because the city revoked my permit to drive a taxi on May 31, 2008.

10. **Deductions**

	Last month
a. Required union dues	\$
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$
d. Child support that I pay for children from other relationships	\$ 357
e. Spousal support that I pay by court order from a different marriage	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ 1,189

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ 600
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, real and personal (estimate fair market value minus the debts you owe)	\$ no equity

PETITIONER/PLAINTIFF: In re Julio Maganda	CASE NUMBER
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

12. The following people live with me:

Name	Age	How the person is related to me? (ex. son)	That person's gross monthly income	Pays some of the household expenses?		
a. Noe Real	9	Son		Yes	<input checked="" type="checkbox"/>	No
b. Nahtanio Williamson	2	step-son		Yes	<input checked="" type="checkbox"/>	No
c.				Yes		No
d.				Yes		No
e.				Yes		No

13. Average monthly expenses

☒ Estimated expenses☐ Actual expenses☐ Proposed needs

a. Home:

(1) ☐ Rent or ☒ mortgage \$ 4,997

If mortgage:

(a) average principal: \$

(b) average interest: \$

(2) Real property taxes \$ 500

(3) Homeowner's or renter's insurance
(if not included above) \$ 50

(4) Maintenance and repair \$

b. Health-care costs not paid by insurance ... \$

c. Child care \$

d. Groceries and household supplies \$

e. Eating out \$ 800

f. Utilities (gas, electric, water, trash) \$

g. Telephone, cell phone, and e-mail \$ 150

h. Laundry and cleaning \$ 40

i. Clothes \$ 25

j. Education \$

k. Entertainment, gifts, and vacation. \$

l. Auto expenses and transportation
(insurance, gas, repairs, bus, etc.) \$ 1,420m. Insurance (life, accident, etc.; do not
include auto, home, or health insurance) \$

n. Savings and investments \$

o. Charitable contributions \$

p. Monthly payments listed in item 14
(itemize below in 14 and insert total here) \$ 170

q. Other (specify): \$

r. **TOTAL EXPENSES** (a-q) (do not add in
the amounts in a(1)(a) and (b)) \$ 8,152

s. Amount of expenses paid by others \$

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Master Card	miscellaneous	\$ 100	\$ 5,000	4/08
Visa	miscellaneous	\$ 20	\$ 2,000	4/08
Firestone	tires	\$ 50	\$ 1,000	4/08
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 1,500

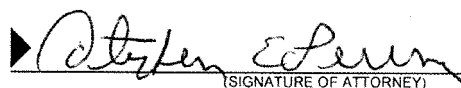
b. The source of this money was (specify): Loan from a friend

c. I still owe the following fees and costs to my attorney (specify total owed): \$

d. My attorney's hourly rate is (specify): \$ 250

I confirm this fee arrangement.

Date: July 16, 2006

Stephen E. Penner, Esq.
(TYPE OR PRINT NAME OF ATTORNEY)


(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: In re Julio Maganda	CASE NUMBER
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): 2 children under the age of 18 with the other parent in this case.
- b. The children spend 14% percent of their time with me and 86% percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☒ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the children's health insurance is or would be (specify): \$
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs (specify below): \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances
(attach documentation of any item listed here, including court orders):

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
- (2) Names and ages of those children (specify):

(3) Child support I receive for those children \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

PROOF OF SERVICE -- BY MAIL

[CCP § 1013a, 2015.5]

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA BARBARA)

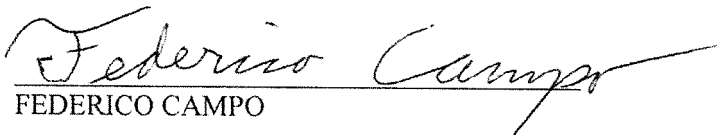
I am employed in the County of Santa Barbara, State of California. I am over the age of 18 and not a party to the within action; my business address is 1215 De La Vina Street, Suite K, Santa Barbara, California 93101.

On July 16, 2008, I served the within **INCOME AND EXPENSE DECLARATION** on the interested parties in said action, by hand delivering a true copy thereof enclosed in a sealed envelope, in the United States mail at Santa Barbara, California, addressed as follows:

Fire & Police Commission
City of Santa Barbara
215 East Figueroa Street
PO Box 539
Santa Barbara, California 93101

I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service that same day with postage thereon fully prepaid at Santa Barbara, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if the postal cancellation date is more than one (1) day after the date of deposit for mailing in the affidavit.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct and that this declaration was executed on July 16, 2008, in the County of Santa Barbara, State of California.


FEDERICO CAMPO

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Stephen E. Penner, Esq. SBN 74895 Law Offices of Stephen E. Penner 1215 De La Vina Street Suite K Santa Barbara, CA 93101 TELEPHONE NO: (805) 965-0085 FAX NO (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Julio Maganda		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Barbara STREET ADDRESS 1100 Anacapa Street MAILING ADDRESS P. O. Box 21107 CITY AND ZIP CODE Santa Barbara, California 93101 BRANCH NAME: Santa Barbara		
CASE NAME: In re Julio Maganda		
SUBSTITUTION OF ATTORNEY—CIVIL (Without Court Order)		
		CASE NUMBER

THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name): Julio Maganda makes the following substitution:

- Former legal representative ☒ Party represented self Attorney (name):
- New legal representative ☐ Party is representing self* ☒ Attorney Stephen E. Penner
 - Name: Stephen E. Penner
 - State Bar No. (if applicable): 74895
 - Address (number, street, city, ZIP, and law firm name, if applicable): 1215 De La Vina Street, Suite "K", Santa Barbara, California 93101
 - Telephone No. (include area code): (805) 965-0085
- The party making this substitution is a ☒ plaintiff ☐ defendant ☐ petitioner ☐ respondent ☐ other (specify):

***NOTICE TO PARTIES APPLYING TO REPRESENT THEMSELVES**

- Guardian
- Conservator
- Trustee
- Personal Representative
- Probate fiduciary
- Corporation
- Guardian ad litem
- Unincorporated association

If you are applying as one of the parties on this list, you may NOT act as your own attorney in most cases. Use this form to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE APPLYING TO REPRESENT YOURSELF.

NOTICE TO PARTIES WITHOUT ATTORNEYS

A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

4. I consent to this substitution.

Date: July 16, 2008

Julio Maganda

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY)

5. I consent to this substitution.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF FORMER ATTORNEY)

6. ☒ I consent to this substitution.

Date: July 16, 2008

Stephen E. Penner

(TYPE OR PRINT NAME)

(SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

CASE NAME: In re Julio Maganda

CASE NUMBER:

**PROOF OF SERVICE BY MAIL
Substitution of Attorney—Civil**

Instructions: After having all parties served by mail with the Substitution of Attorney—Civil, have the person who mailed the document complete this Proof of Service by Mail. An unsigned copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Service by Mail.

1. I am over the age of 18 and **not a party to this cause**. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (*specify*): 1215 De La Vina Street, Suite "K", Santa Barbara, California 93101
2. I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.

(1) Date of mailing: July 16, 2008

(2) Place of mailing (*city and state*): Santa Barbara, California

3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: July 16, 2008

Federico Campo

(TYPE OR PRINT NAME)



(SIGNATURE)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

4. a. Name of person served: Fire & Police Commission, City of Santa Barbara
- b. Address (*number, street, city, and ZIP*): 215 East Figueroa Street, PO Box 539, Santa Barbara, California 93101
- c. Name of person served:
- d. Address (*number, street, city, and ZIP*):
- e. Name of person served:
- f. Address (*number, street, city, and ZIP*):
- g. Name of person served:
- h. Address (*number, street, city, and ZIP*):
- i. Name of person served:
- j. Address (*number, street, city, and ZIP*):

☐ List of names and addresses continued in attachment.